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Applicability:	DDSN Regional Centers; DSN Boards; and Contracted Service Providers Operating Residential and/or Day Programs

DEFINITION:

Sexual assault is defined as any sexual interaction that is perpetrated:

- 1) against the victim's will;
- 2) without consent; and
- 3) in an aggressive, exploitative, manipulative, or threatening manner.

It may include oral, anal, vaginal, digital, penile or objectile penetration and may involve touching, rubbing, fondling, or exposure to sexual materials. An individual who displays sexual deviance (e.g., object fetishes, excessive masturbation, etc.) would not be included.

Sexual assault of a consumer by someone other than another consumer would be defined as abuse and should be handled accordingly (see DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency).

PURPOSE:

To provide preventive measures to avoid and procedural steps to respond to sexual assaults of consumers.

This policy is applicable to sexual assaults of consumers occurring in residential or day program facilities operated by DDSN or one of its contract providers.

While this policy is primarily applicable to instances of consumer on consumer sexual assault, the protocol for immediate contact of law enforcement to collect necessary evidence for possible criminal prosecution that is described below is also applicable for suspected consumer sexual assault by someone other than a consumer.

ACTION:

I. Prevention

- A. Each individual who is scheduled for admission into a DDSN funded residential or day program setting will be screened by staff to determine what, if any, risk they present to others in that service setting of sexual aggression or sexual assault. This screening should include a thorough review of the individual's history of any inappropriate sexual activity.
- B. If this screening indicates a risk to others, the team, following a more complete assessment, will develop a treatment plan that will address the risk. This plan should include specific training objectives, a Behavior Support Plan, counseling/therapy, assignment of the appropriate accountability level, and/or environmental adaptations, such as door alarms.

II. Procedures in the Event of a Sexual Assault

When a sexual assault occurs, (alleged by the consumer or observed by staff) the following procedures are to be implemented.

- A. The individuals are to be separated and they cannot remain in the same living environment until the case is resolved. In addition, steps must be taken to assure the alleged perpetrator cannot assault anyone else.
- B. Local law enforcement is to be immediately notified. Law enforcement will coordinate the collection of evidence and follow their procedures for a sexual assault. Unless otherwise instructed by law enforcement, staff, including medical personnel, should not physically examine the consumer and they should not collect or arrange for collection of evidence of a sexual assault. Should the consumer need immediate medical attention (e.g., bleeding from an open wound) the physician or nurse may intervene.

- C. The consumer must be taken to the emergency room to be examined by trained personnel specific to a victim of sexual assault.
- D. The incident is then reported to the Facility Administrator/Executive Director (or designee).
- E. A sexual assault of one consumer by another consumer is to be reported to DDSN in accordance with DDSN Directive 100-09-DD: Critical Incident Reporting.

III. Treating the Victim

- A. Upon completion of the medical examination or other procedures as dictated by law enforcement, if appropriate, the victim should receive immediate support from a staff member with whom the victim has a positive rapport.
- B. The victim should be placed on Level-I supervision until the support team can meet and develop a support plan that is designed to help the victim deal with the emotional trauma stemming from the assault.
- C. Medical treatment for any physical injuries should be provided as soon as possible after the collection of necessary evidence.
- D. Psychological counseling, psychiatric intervention, and sex counseling are a few of the treatment choices that may be considered for a victim of sexual assault.

IV. Treating the Alleged Perpetrator

- A. If not incarcerated as a result of the assault, the alleged perpetrator is to immediately be placed on an enhanced level of supervision that would eliminate potential for sexual assault until the support team can meet to discuss a support plan.
- B. The level of supervision will be adjusted in a revised support plan requiring the approval of the Facility Administrator/Executive Director.
- C. The support team will consider appropriate follow up for the alleged perpetrator. Examples of follow up include sexuality training, referral to sex counselor, use of medication to reduce sexual urges, referral to a more restrictive environment, or criminal prosecution.

V. Family Notification

The parents/guardians/family representative of both the alleged perpetrator and victim should be notified of the incident as soon as possible by the Facility Administrator/Executive Director (or designee).

VI. Follow-up

The safety of all individuals is critical and should be the major focus. In the event of sexual aggression or sexual assault, the Executive Staff of the Regional Center/Provider will review the incident in an effort to determine what changes in the system need to occur to prevent or deter similar occurrences.

Susan Kreh Beck, Ed.S. NCSP
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Cross References:

100-09-DD: Critical Incident Reporting
534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect or Exploitation of
People Receiving Services from DDSN or a Contract Provider Agency
536-01-DD: Social-Sexual Development